

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 701824 RECEIPT DATE: 12 / 04 / 00  
IA NUMBER: PCT/ CA99 / 00529 IA FILING DATE: 06 / 04 / 99  
FAMILY NAME: SINDERBY DELAY WAIVED (Y/N): *NY*  
GIVEN NAME: CHRISTER DEMAND RECEIVED (Y/N): *NY*  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 06 / 04 / 98  
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: 776-009999-U COUNTRY:  
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000  
FAX  
NAME: CLARENCE A GREEN  
PERMAN & GREEN  
STREET: 425 POST ROAD  
CITY: FAIRFIELD  
STATE/COUNTRY: CT ZIP: 06430  
EMAIL:  
APPLICATION TITLES:  
PROPORTIONAL PRESSURE ASSIST VENTILATION CONTROLLED BY A DIAPHRAGM ELECTROMYOGRAPHIC SIGNAL

TAB TO LAST POSITION, PUSH SEND